Requester's Name 140 IN Johnson Shriping Address Perry, FL 32347 Eity/State/Zip Phone # CORPORATION NAME(S) & DOCUM	OO Office Use Only
	recast Design, LLC
(Corporation Name)	(Document #)
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(Corporation Name)	(Document #)
3.	(Document #) (Document #) (Document #)
(Corporation Name)	(Document #)
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(Corporation Name)	(Document #)
☑ Walk in ☐ Pick up time	Certified Copy
☐ Mail out ☐ Will wait	Photocopy
	9000050266197
NEW FILINGS	<u>AMENDMENTS</u> -02/28/0201040020 ****155.00 ****155.00
Profit Not for Profit	Amendment
Limited Liability	Resignation of R.A., Officer/Director Change of Registered Agent
Domestication	Dissolution/Withdrawal
☐ Other	
OTHER FILINGS	REGISTRATION/QUALIFICATION STATES
Annual Report	
Fictitious Name	☐ Limited Partnership ☐ Reinstatement
	Trademark
	U Other
	Examiner's Initials
CR2E031(7/97)	- Addition 5 Illinais

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: Southern Stone & Precast Design, LLC
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: 1401 N Johnson Stripling Rd. Perry, FL 32347 ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
The name and the Florida street address of the registered agent are: Hunifer Mall 1401 N. Johnson Stronger Rd
Florida street address (P.O. Box NOT acceptable) FL 32347 City, State, and Zip
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S [Registered Agent's Signature]
Article IV - Management (Check box if applicable.) The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.
(An additional article must be added if an effective date is requested) Signature of a member of an authorized representative of a member.
(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.) Typed or printed name of signee
Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)